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STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO DEC. 27 2014
BY JARA PAGON ANALYST

8
9 **BEFORE THE**
PHYSICIAN ASSISTANT BOARD
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 950-2015-000778

13 CHEYANNE MALLAS, P.A.

14 8033 West Sunset Boulevard, Unit 217
15 Los Angeles, California 90046

A C C U S A T I O N

16 Physician Assistant License No. PA 19450,
17
18 Respondent.

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20 Complainant alleges:

21 **PARTIES**

22 1. Maureen L. Forsyth (Complainant) brings this Accusation solely in her official
23 capacity as the Executive Officer of the Physician Assistant Board, Department of Consumer
24 Affairs (Board).

25 2. On October 30, 2007, the Board issued Physician Assistant License Number PA
26 19450 to Cheyanne Mallas, P.A. (Respondent). That license was in full force and effect at all
27 times relevant to the charges brought herein and will expire on December 31, 2020, unless
28 renewed.

JURISDICTION

3. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 3527 of the Code provides that the Board may order the denial of an application for, or the issuance subject to terms and conditions of, or the suspension or revocation of, or the imposition of probationary conditions upon a physician assistant license for unprofessional conduct.

5. California Code of Regulations, title 16, section 1399.521 states:

“In addition to the grounds set forth in section 3527, subdivision (a), of the Code, the board may deny, issue subject to terms and conditions, suspend, revoke or place on probation a physician assistant for the following causes: (a) Any violation of the State Medical Practice Act which would constitute unprofessional conduct for a physician and surgeon. (b) Using fraud or deception in passing an examination administered or approved by the board. (c) Practicing as a physician assistant under a physician who has been prohibited by the Medical Board of California or the Osteopathic Medical Board of California from supervising physician assistants. (d) Performing medical tasks which exceed the scope of practice of a physician assistant as prescribed in these regulations.”

6. Section 3502 of the Code states:

“(a) Notwithstanding any other provision of law, a physician assistant may perform those medical services as set forth by the regulations adopted under this chapter when the services are rendered under the supervision of a licensed physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that supervision or prohibiting the employment of a physician assistant.

“(b) Notwithstanding any other provision of law, a physician assistant performing medical services under the supervision of a physician and surgeon may assist a doctor of podiatric medicine who is a partner, shareholder, or employee in the same medical group as the supervising physician and surgeon. A physician assistant who assists a doctor of podiatric medicine pursuant

1 to this subdivision shall do so only according to patient specific orders from the supervising
2 physician and surgeon.

3 “The supervising physician and surgeon shall be physically available to the physician
4 assistant for consultation when such assistance is rendered. A physician assistant assisting a
5 doctor of podiatric medicine shall be limited to performing those duties included within the scope
6 of practice of a doctor of podiatric medicine.

7 “(c)(1) A physician assistant and his or her supervising physician and surgeon shall
8 establish written guidelines for the adequate supervision of the physician assistant. This
9 requirement may be satisfied by the supervising physician and surgeon adopting protocols for
10 some or all of the tasks performed by the physician assistant. The protocols adopted pursuant to
11 this subdivision shall comply with the following requirements:

12 “(A) A protocol governing diagnosis and management shall, at a minimum, include
13 the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or
14 assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and
15 education to be provided to the patient.

16 “(B) A protocol governing procedures shall set forth the information to be provided to
17 the patient, the nature of the consent to be obtained from the patient, the preparation and
18 technique of the procedure, and the follow up care.

19 “(C) Protocols shall be developed by the supervising physician and surgeon or
20 adopted from, or referenced to, texts or other sources.

21 “(D) Protocols shall be signed and dated by the supervising physician and surgeon
22 and the physician assistant.

23 “(2) The supervising physician and surgeon shall review, countersign, and date a sample
24 consisting of, at a minimum, 5 percent of the medical records of patients treated by the physician
25 assistant functioning under the protocols within 30 days of the date of treatment by the physician
26 assistant. The physician and surgeon shall select for review those cases that by diagnosis,
27 problem, treatment, or procedure represent, in his or her judgment, the most significant risk to the
28 patient.

1 “(3) Notwithstanding any other provision of law, the Medical Board of California or board
2 may establish other alternative mechanisms for the adequate supervision of the physician
3 assistant.

4 “....”

5 7. Section 3502.1 of the Code states:

6 “(a) In addition to the services authorized in the regulations adopted by the Medical Board
7 of California, and except as prohibited by Section 3502, while under the supervision of a licensed
8 physician and surgeon or physicians and surgeons authorized by law to supervise a physician
9 assistant, a physician assistant may administer or provide medication to a patient, or transmit
10 orally, or in writing on a patient’s record or in a drug order, an order to a person who may
11 lawfully furnish the medication or medical device pursuant to subdivisions (c) and (d).

12 “(1) A supervising physician and surgeon who delegates authority to issue a drug order to a
13 physician assistant may limit this authority by specifying the manner in which the physician
14 assistant may issue delegated prescriptions.

15 “(2) Each supervising physician and surgeon who delegates the authority to issue a drug
16 order to a physician assistant shall first prepare and adopt, or adopt, a written, practice specific,
17 formulary and protocols that specify all criteria for the use of a particular drug or device, and any
18 contraindications for the selection. Protocols for Schedule II controlled substances shall address
19 the diagnosis of illness, injury, or condition for which the Schedule II controlled substance is
20 being administered, provided or issued. The drugs listed in the protocols shall constitute the
21 formulary and shall include only drugs that are appropriate for use in the type of practice engaged
22 in by the supervising physician and surgeon. When issuing a drug order, the physician assistant
23 is acting on behalf of and as an agent for a supervising physician and surgeon.

24 “(b) “Drug order” for purposes of this section, means an order for medication which is
25 dispensed to or for a patient, issued and signed by a physician assistant acting as an individual
26 practitioner within the meaning of Section 1306.02 of Title 21 of the Code of Federal
27 Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this
28 section shall be treated in the same manner as a prescription or order of the supervising physician,

(2) all references to 'prescription' in this code and the Health and Safety Code shall include drug orders issued by physician assistants pursuant to authority granted by their supervising physicians, and (3) the signature of a physician assistant on a drug order shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

“(c) A drug order for any patient cared for by the physician assistant that is issued by the physician assistant shall either be based on the protocols described in subdivision (a) or shall be approved by the supervising physician before it is filled or carried out.

“(1) A physician assistant shall not administer or provide a drug or issue a drug order for a drug other than for a drug listed in the formulary without advance approval from a supervising physician and surgeon for the particular patient. At the direction and under the supervision of a physician and surgeon, a physician assistant may hand to a patient of the supervising physician and surgeon a properly labeled prescription drug prepackaged by a physician and surgeon, manufacturer as defined in the Pharmacy Law, or a pharmacist.

“(2) A physician assistant may not administer, provide or issue a drug order for Schedule II through Schedule V controlled substances without advance approval by a supervising physician and surgeon for the particular patient unless the physician assistant has completed an education course that covers controlled substances and that meets standards, including pharmacological content, approved by the board. The education course shall be provided either by an accredited continuing education provider or by an approved physician assistant training program. If the physician assistant will administer, provide, or issue a drug order for Schedule II controlled substances, the course shall contain a minimum of three hours exclusively on Schedule II controlled substances. Completion of the requirements set forth in this paragraph shall be verified and documented in the manner established by the board prior to the physician assistant's use of a registration number issued by the United States Drug Enforcement Administration to the physician assistant to administer, provide, or issue a drug order to a patient for a controlled substance without advance approval by a supervising physician and surgeon for that particular patient.

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1 “(3) Any drug order issued by a physician assistant shall be subject to a reasonable
2 quantitative limitation consistent with customary medical practice in the supervising physician
3 and surgeon’s practice.

4 “(d) A written drug order issued pursuant to subdivision (a), except a written drug order in a
5 patient’s medical record in a health facility or medical practice, shall contain the printed name,
6 address, and phone number of the supervising physician and surgeon, the printed or stamped
7 name and license number of the physician assistant, and the signature of the physician assistant.
8 Further, a written drug order for a controlled substance, except a written drug order in a patient’s
9 medical record in a health facility or a medical practice, shall include the federal controlled
10 substances registration number of the physician assistant and shall otherwise comply with the
11 provisions of Section 11162.1 of the Health and Safety Code. Except as otherwise required for
12 written drug orders for controlled substances under Section 11162.1 of the Health and Safety
13 Code, the requirements of this subdivision may be met through stamping or otherwise imprinting
14 on the supervising physician and surgeon’s prescription blank to show the name, license number,
15 and if applicable, the federal controlled substances registration number of the physician assistant,
16 and shall be signed by the physician assistant. When using a drug order, the physician assistant is
17 acting on behalf of and as the agent of a supervising physician and surgeon.

18 “(e) The medical record of any patient cared for by a physician assistant for whom the
19 physician assistant’s Schedule II drug order has been issued or carried out shall be reviewed and
20 countersigned and dated by a supervising physician and surgeon within seven days.

21 “(f) All physician assistants who are authorized by their supervising physicians to issue
22 drug orders for controlled substances shall register with the United States Drug Enforcement
23 Administration (DEA).

24 “... ”

25 8. California Code of Regulations, title 16, section 1399.545 states:

26 “(a) A supervising physician shall be available in person or by electronic communication at
27 all times when the physician assistant is caring for patients.

28 “(b) A supervising physician shall delegate to a physician assistant only those tasks and

1 procedures consistent with the supervising physician's specialty or usual and customary practice
2 and with the patient's health and condition.

3 “(c) A supervising physician shall observe or review evidence of the physician assistant's
4 performance of all tasks and procedures to be delegated to the physician assistant until assured of
5 competency.

6 “(d) The physician assistant and the supervising physician shall establish in writing
7 transport and back-up procedures for the immediate care of patients who are in need of
8 emergency care beyond the physician assistant's scope of practice for such times when a
9 supervising physician is not on the premises.

10 “(e) A physician assistant and his or her supervising physician shall establish in writing
11 guidelines for the adequate supervision of the physician assistant which shall include one or more
12 of the following mechanisms:

13 “(1) Examination of the patient by a supervising physician the same day as care
14 is given by the physician assistant;

15 “(2) Countersignature and dating of all medical records written by the physician
16 assistant within thirty (30) days that the care was given by the physician assistant;

17 “(3) The supervising physician may adopt protocols to govern the performance
18 of a physician assistant for some or all tasks. The minimum content for a protocol governing
19 diagnosis and management as referred to in this section shall include the presence or absence of
20 symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate
21 tests or studies to order, drugs to recommend to the patient, and education to be given the patient.
22 For protocols governing procedures, the protocol shall state the information to be given the
23 patient, the nature of the consent to be obtained from the patient, the preparation and technique of
24 the procedure, and the follow-up care. Protocols shall be developed by the physician, adopted
25 from, or referenced to, texts or other sources. Protocols shall be signed and dated by the
26 supervising physician and the physician assistant. The supervising physician shall review,
27 countersign, and date a minimum of 5% sample of medical records of patients treated by the
28 physician assistant functioning under these protocols within thirty (30) days. The physician shall

1 select for review those cases which by diagnosis, problem, treatment or procedure represent, in
2 his or her judgment, the most significant risk to the patient;

3 “(4) Other mechanisms approved in advance by the board.

4 “(f) The supervising physician has continuing responsibility to follow the progress of the
5 patient and to make sure that the physician assistant does not function autonomously. The
6 supervising physician shall be responsible for all medical services provided by a physician
7 assistant under his or her supervision.”

8 9. Section 2234 of the Code, states:

9 “The board shall take action against any licensee who is charged with unprofessional
10 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
11 limited to, the following:

12 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
13 violation of, or conspiring to violate any provision of this chapter.

14 “(b) Gross negligence.

15 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
16 omissions. An initial negligent act or omission followed by a separate and distinct departure from
17 the applicable standard of care shall constitute repeated negligent acts.

18 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate for
19 that negligent diagnosis of the patient shall constitute a single negligent act.

20 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
21 constitutes the negligent act described in paragraph (1), including, but not limited to, a
22 reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the
23 applicable standard of care, each departure constitutes a separate and distinct breach of the
24 standard of care.

25 “. . .

26 “(e) The commission of any act involving dishonesty or corruption which is substantially
27 related to the qualifications, functions, or duties of a physician and surgeon.

28 “(f) Any action or conduct which would have warranted the denial of a certificate.

1 “”

2 10. Section 2266 of the Code requires maintaining adequate and accurate records relating
3 to the provision of services to their patients constitutes unprofessional conduct.

4 11. Section 2052, subdivision (a), of the Code states:

5 “(a) Notwithstanding Section 146, any person who practices or attempts to practice, or who
6 advertises or holds himself or herself out as practicing, any system or mode of treating the sick or
7 afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment,
8 blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition
9 of any person, without having at the time of so doing a valid, unrevoked, or unsuspended
10 certificate. . . . or without being authorized to perform the act pursuant to a certificate obtained in
11 accordance with some other provision of law, is guilty of a public offense”

12 12. Section 2400 of the Code states:

13 “Corporations and other artificial legal entities shall have no professional rights, privileges,
14 or powers. However, the Division of Licensing may in its discretion, after such investigation and
15 review of such documentary evidence as it may require, and under regulations adopted by it, grant
16 approval of the employment of licensees on a salary basis by licensed charitable institutions,
17 foundations, or clinics, if no charge for professional services rendered patients is made by any
18 such institution, foundation, or clinic.”

19 13. Section 2417.5, subdivision (a), of the Code states:

20 “A business organization that offers to provide, or provides, outpatient elective cosmetic
21 medical procedures or treatments, that is owned or operated in violation of Section 2400, and that
22 contracts with, or otherwise employs, a physician and surgeon to facilitate its offers to provide, or
23 the provision of, outpatient elective cosmetic medical procedures or treatments that may be
24 provided only by the holder of a valid physician’s and surgeon’s certificate is guilty of violating
25 paragraph (6) of subdivision (a) of Section 550 of the Penal Code.”

26 14. Section 2272 of the Code states: “Any advertising of the practice of medicine in
27 which the licensee fails to use his or her own name or approved fictitious name constitutes
28 unprofessional conduct.”

15. Section 2285 of the Code states, in pertinent part:

“The use of any fictitious, false, or assumed name, or any name other than his or her own by a licensee either alone, in conjunction with a partnership or group, or as the name of a professional corporation, in any public communication, advertisement, sign, or announcement of his or her practice without a fictitious-name permit obtained pursuant to Section 2415 constitutes unprofessional conduct.”

16. Section 2274, subdivision (a), of the Code states:

“The use by any licensee of any certificate, of any letter, letters, word, words, term, or terms either as a prefix, affix, or suffix indicating that he or she is entitled to engage in a medical practice for which he or she is not licensed constitutes unprofessional conduct.”

17. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

FIRST CAUSE FOR DISCIPLINE

(Providing Medical Services Without Authorization)

18. Respondent is subject to disciplinary action under section 3502, subdivision (a), of the Code and California Code of Regulations, title 16, sections 1399.521, subdivision (d), and 1399.545, in that she provided medical services without authorization. The circumstances are as follows:

19. On or about May 2, 2015, Patient 1 and the husband of Patient 1 met Respondent at a luncheon. Respondent introduced herself as a plastic surgeon. She stated she specialized in reconstructive surgery. Respondent stated she performed concierge medicine to supplement the repayment of her student loans.

20. Respondent offered Patient 1 a complimentary cold laser treatment, and Patient 1 accepted.

21. Respondent and Patient 1 agreed on July 19, 2015, as the date for treatment. Prior to the treatment date, Respondent dropped off at the home of Patient 1 a medicine bottle with a

1 yellow paper taped to it on which was written, "numbing cream."

2 22. On July 19, 2015, Respondent arrived at the home of Patient 1. Respondent was
3 dressed in scrubs and carried a black bag containing medical supplies and a portable credit card
4 machine. She brought a handheld cordless "wand."

5 23. Respondent took a brief medical history and advised Patient 1 that her blood pressure
6 medication dosage was wrong. She did not take any vital signs or perform a physical
7 examination. She performed a cold laser treatment.

8 24. On or about August 16, 2015, in Patient 1's home, Respondent provided Patient 1
9 with a series of treatments, including a chemical peel, cold laser treatment, Botox and injected
10 fillers. Patient 1 experienced "massive" swelling after the injections but did not seek treatment
11 from any other provider.

12 25. On or about September 3, 2015, October 4, 2015, November 8, 2015, November 28,
13 2015, without examination, Respondent again provided Patient 1 with treatments which included
14 chemical peels, cold laser treatments, Botox and injected fillers.

15 26. Patient 1 made payments to Respondent via credit card. The payments were
16 processed under the name, "Concierge Aesthetics."

17 27. Patient 1 made one payment, in the amount of \$340.00, by check. The check was
18 made payable to "In Bocca Al Lupo 2009."

19 28. Respondent did not maintain medical records for treatment of Patient 1.

20 29. In providing medical services, Respondent was not supervised by a physician.

21 30. Respondent performed medical services without the supervision of a licensed
22 physician and surgeon, and her license is subject to discipline.

23 SECOND CAUSE FOR DISCIPLINE

24 (Procuring and/or Administering Drugs Without Supervision)

25 31. Respondent is subject to disciplinary action under section 3502.1 in that she procured
26 and administered prescription drugs without physician supervision. The circumstances are as
27 follows.

28 32. The allegations of the First Cause for Discipline are incorporated as if fully set forth.

33. Respondent provided an unlabeled topical numbing cream without physician supervision.

34. Respondent provided Botox without physician supervision.

35. Respondent provided injectable implants and injectable medications without physician supervision.

36. Respondent's actions in providing drugs without supervision subjects her license to discipline.

THIRD CAUSE FOR DISCIPLINE

(Gross Negligence)

37. Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code in that she was grossly negligent in the care and treatment of Patient 1. The circumstances are as follows:

38. The allegations in the First and Second Causes for Discipline are incorporated as if fully set forth.

39. Respondent was grossly negligent in providing medical treatment to Patient 1 without physician supervision.

40. Respondent was grossly negligent in procuring and administering drugs without physician supervision.

41. Respondent was grossly negligent in providing medical treatment to Patient 1 without conducting a good faith examination on approximately May 2, 2015, July 19, 2015, August 16, 2015, September 3, 2015, October 4, 2015, October 14, 2015, November 8, 2015, and November 28, 2015.

42. Respondent was grossly negligent in failing to maintain medical records concerning the care and treatment of Patient 1.

43. Respondent was grossly negligent in failing to provide and/or to document informed consent for the treatment provided.

44. Respondent's acts and/or omissions, whether considered collectively or individually, constitute gross negligence pursuant to section 2234, subdivision (b), of the Code, and her license

1 is subject to discipline.

2 FOURTH CAUSE FOR DISCIPLINE

3 (Repeated Negligent Acts)

4 45. By reason of the facts set forth in the First, Second, and Third Causes for Discipline
5 Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code in
6 that she committed repeated negligent acts in the care and treatment of Patient 1. The
7 circumstances are as follows:

8 FIFTH CAUSE FOR DISCIPLINE

9 (Failure to Maintain Adequate and Accurate Records)

10 46. Respondent is subject to disciplinary action under section 2266 of the Code in that
11 she failed to maintain adequate or accurate patient records for her care and treatment of Patient 1.
12 The circumstances are as follows:

13 47. The allegations in the First Cause for Discipline are incorporated here as if fully set
14 forth.

15 48. Respondent failed to maintain medical records for treatment rendered to Patient 1
16 from approximately May 2, 2015 through November 28, 2015, and her license is subject to
17 discipline.

18 SIXTH CAUSE FOR DISCIPLINE

19 (Unlicensed Practice)

20 49. Respondent is subject to disciplinary action under section 2052 of the Code in that
21 she provided medical services without a valid certificate to practice medicine or other appropriate
22 authorization. The circumstances are as follows:

23 50. The allegations in the First, Second and Third Causes for Discipline are incorporated
24 as if fully set forth.

25 51. Respondent engaged in the unlicensed practice of medicine when she treated Patient 1
26 without physician supervision, and her license is subject to discipline.

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1 SEVENTH CAUSE FOR DISCIPLINE

2 (Corporate Practice of Medicine)

3 52. Respondent is subject to disciplinary action under sections 2400 and 2417.5 of the
4 Code in that she engaged in the illegal corporate practice of medicine. The circumstances are as
5 follows:

6 53. The allegations in the First, Second, and Third Causes for Discipline are incorporated
7 as if fully set forth.

8 54. Respondent operated a medical practice, named "Concierge Aesthetics."

9 55. Respondent operated a medical practice, named "In Bocca Al Lupo 2009."

10 56. Respondent provided cosmetic medical procedures and treatments under each
11 business name without a valid physician and surgeon certificate as required, and her license is
12 subject to discipline.

13 EIGHTH CAUSE FOR DISCIPLINE

14 (Failure to Obtain Fictitious Name Permit)

15 57. Respondent is subject to disciplinary action under sections 2272 and 2285 of the
16 Code in that she failed to obtain Fictitious Name Permits for her businesses. The circumstances
17 are as follows:

18 58. The allegations in the First and Seventh Causes for Discipline are incorporated as if
19 fully set forth.

20 59. Respondent failed to obtain a Fictitious Name Permit for Concierge Aesthetics.

21 60. Respondent failed to obtain a Fictitious Name Permit for In Bocca Al Lupo 2009.

22 NINTH CAUSE FOR DISCIPLINE

23 (False Representation, Physician)

24 61. Respondent is subject to disciplinary action under section 2274, subdivision (a), of
25 the Code in that she falsely represented that she was entitled to engage in a medical practice for
26 which she is not licensed. The circumstances are as follows:

27 62. The allegations in the First Cause for Discipline are incorporated as if fully set forth.

28 ///

63. Respondent falsely represented herself as a physician to Patient 1 and/or to the husband of Patient 1, and her license is subject to discipline.

TENTH CAUSE FOR DISCIPLINE

(Dishonesty and Corruption)

64. Respondent is subject to disciplinary action under section 2234, subdivision (e), of the Code in that she engaged in dishonesty and corruption. The circumstances are as follows:

65. The allegations in the First through Ninth Cause for Discipline are incorporated as if fully set forth.

DISCIPLINE CONSIDERATIONS

66. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on March 30, 2012, in a prior disciplinary action *entitled In the Matter of the Accusation Against Cheyanne Mallas, P.A.* before the Physician Assistant Board, in Case Number 1E-2008-193416. Respondent's license was placed on probation for a period of 42 months for violation of the Physician Assistant Practice Act and for general unprofessional conduct. That decision is final and is incorporated by reference as if fully set forth.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Physician Assistant Board issue a decision:

1. Revoking or suspending Physician Assistant License Number PA 19450, issued to Respondent Cheyanne Mallas, P.A.;
2. Ordering Respondent to pay the Physician Assistant Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,
3. Taking such other and further action as deemed necessary and proper.

DATED: December 27, 2018


MAUREEN L. FORSYTH
Executive Officer
Physician Assistant Board
Department of Consumer Affairs
State of California

Complainant

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